

Case 6:12-cv-00686-LED Document 9 Filed 09/24/12 Page 1 of 2 PageID #: 100

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the

Eastern District of Texas

Blue Spike, LLC

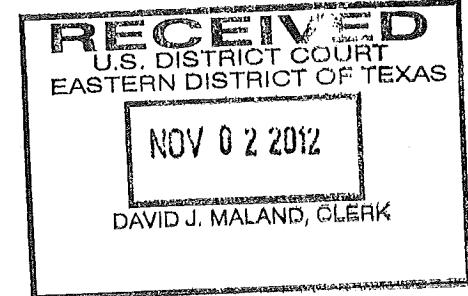
Plaintiff(s)

v.

Antheus Technology, Inc.

Defendant(s)

)
)
)
)
6:12CV499 LEAD
)
CONSOLIDATED WITH
)
Civil Action No. 6:12-CV-686
)
)
)



SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Antheus Technology, Inc.
Arturo Fernandez-Barrio
22241 Larkspur Trail
Boca Raton, Florida 33433

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton

ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT



Signature of Clerk or Deputy Clerk

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Civil Action No. 6:12-CV-686

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Antheus Technology, Inc.
was received by me on *(date)* 10/10/2012.

I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is

designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

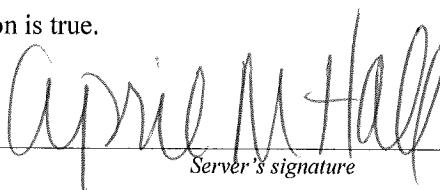
I returned the summons unexecuted because _____; or

Other *(specify)*: certified mail, return receipt requested #70080500000118062316

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/17/2012



Server's signature

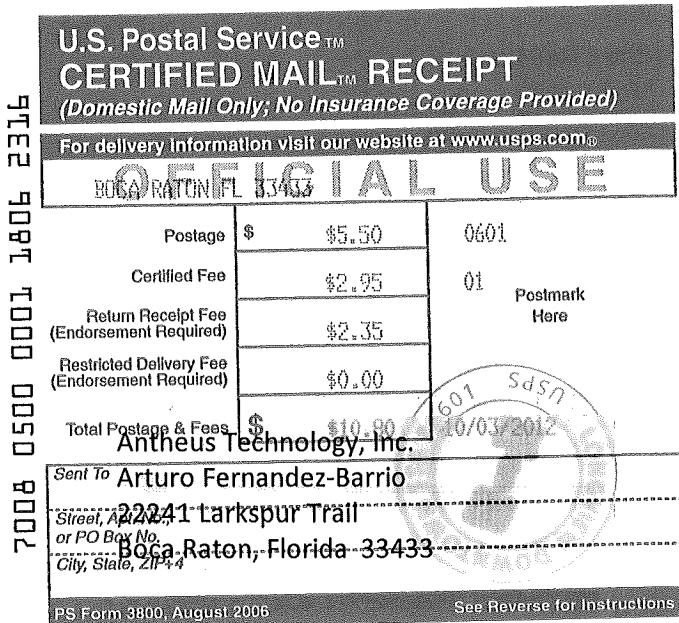
April M. Hall

Printed name and title

111 West Tyler, Longview, Tx. 75601

Server's address

Additional information regarding attempted service, etc:



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Victor Sheridan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>10/10/02</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>2. Article Addressed to:</p> <p>Antheus Technology, Inc. Arturo Fernandez-Barrio 22241 Larkspur Trail Boca Raton, Florida 33433</p> <p>3. Service Type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Certified Mail</td> <td style="width: 50%;"><input type="checkbox"/> Express Mail</td> </tr> <tr> <td style="width: 50%;"><input type="checkbox"/> Registered</td> <td style="width: 50%;"><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="width: 50%;"><input type="checkbox"/> Insured Mail</td> <td style="width: 50%;"><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7008 0500 0001 1806 2316 <i>PRR</i></p>		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
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<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise								
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